

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

1 out of 12
MDJ 06-2-04

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Brenda Williams Nichols Magisterial District Judge		
Street Address		996 N Center Street		
City	State	Zip Code		
Corry	PA	16707		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
11-07-2017								

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06-06-2017	10-23-2017	<p>2017 OCT 27 PM 1:25</p> <p>ERIE COUNTY</p> <p>NOTER REGISTRATION</p> <p>12</p>
A. Amount Brought Forward From Last Report	\$	1,139.29	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	250.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1,389.29	
D. Total Expenditures (From Schedule III)	\$	243.68	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,145.61	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	60.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,368.22	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

27th day of Oct 2017

Signature of Angela B. Buñew

My Commission expires 09/09/18

MO. DAY

My Commission Expires Sept. 9, 2018

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

day of 20

Signature

Signature

My Commission expires

MO. DAY YR.

Area Code

Daytime Telephone Number

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

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MDJ 06-2-04

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	50.00 + 50.00 2 separate contributions
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	250.00
Total for the reporting period	(2)	\$ 250.00

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)			\$ 250.00

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PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number																					
										Amount											
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
																				\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
																				\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
																				\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
																				\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
																				\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
																				\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
																				\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
																				\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
																				\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
																				\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
																				\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
																				\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
																				\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
																				\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
																				\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
																				\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
																				\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
																				\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number	
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Full Name of Contributor	Chad J. Vilushis			Date [MM/DD/YYYY]	\$	250.00
House #	6009	Street Address	Lakeshore Drive	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY] \$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY] \$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY] \$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY] \$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY] \$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY] \$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY] \$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

PART E Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	40.00 + 20.00 [2 different donations]
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	60.00
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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MDJ 06-204

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		

SCHEDULE III
Statement of Expenditures

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Filer Identification Number							
★	To Whom Paid		staples			Date [MM/DD/YYYY]	\$ 26.49
	House #	1924		Street Address	Keystone Drive		Description of Expenditure
	City	Erie		State	PA	Zip Code	16509 Business Cards
#	To Whom Paid		Staples			Date [MM/DD/YYYY]	\$ 26.49
	House #	1924		Street Address	Keystone Drive		Description of Expenditure
	City	Erie		State	PA	Zip Code	16509 Business Cards
#	To Whom Paid		Staples			Date [MM/DD/YYYY]	\$ 26.49
	House #	1924		Street Address	Keystone Drive		Description of Expenditure
	City	Erie		State	PA	Zip Code	16509 Business Cards
#	To Whom Paid		Walmart/Sams Club			Date [MM/DD/YYYY]	\$ 132.28
	House #	7200		Street Address	Peach Street		Description of Expenditure
	City	Erie		State	PA	Zip Code	16509 Candy for Parades
#	To Whom Paid		Party City			Date [MM/DD/YYYY]	\$ 31.93
	House #	1908		Street Address	Keystone Drive		Description of Expenditure
	City	Erie		State	PA	Zip Code	16509 Candy/Balloons/Mini Footballs
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #			Street Address			Description of Expenditure	
City			State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #			Street Address			Description of Expenditure	
City			State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #			Street Address			Description of Expenditure	
City			State		Zip Code		

★ paid by Lynda Williams
paid by candidate as a loan to the committee

SCHEDULE IV

Statement of Unpaid Debts

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Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number									
Name of Creditor		Lynda D. Williams						Outstanding Balance of Debt	
House #	228	Street Address	W Congress St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	26.49
City		Corry		State	PA	Zip Code	16407		
Description of Debt		Business Cards							
Name of Creditor		Brenda Williams Nichols						Outstanding Balance of Debt	
House #	996	Street Address	N Center St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	26.49
City		Corry		State	PA	Zip Code	16407		
Description of Debt		Business Cards							
Name of Creditor		Brenda Williams Nichols						Outstanding Balance of Debt	
House #	996	Street Address	N Center St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	26.49
City		Corry		State	PA	Zip Code	16407		
Description of Debt		Business Cards							
Name of Creditor		Brenda Williams Nichols						Outstanding Balance of Debt	
House #	996	Street Address	N Center St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	26.49
City		Corry		State	PA	Zip Code	16407		
Description of Debt		Business Cards							
Name of Creditor		Brenda Williams Nichols						Outstanding Balance of Debt	
House #	996	Street Address	N Center St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	132.28
City		Corry		State	PA	Zip Code	16407		
Description of Debt		Candy for Parades							
Name of Creditor		Brenda Williams Nichols						Outstanding Balance of Debt	
House #	996	Street Address	N Center St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	31.93
City		Corry		State	PA	Zip Code	16407		
Description of Debt		Candy/Balloons/Mini Footballs							
Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code			
Description of Debt									